

# Town and County of Nantucket Human Resources Office

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## WAIVER OF COVERAGE

Employee Name \_\_\_\_\_

As a new employee I have been offered the following benefits and have **checked the one(s) I choose NOT to enroll** in at the time of my hiring:

- Health Insurance**
- Dental Insurance**
- Flexible Spending Account**
- Basic Life Insurance**
- Voluntary/Optional Life Insurance**
- Permanent Life Insurance**
- Group Critical Illness Insurance**
- Cancer Expense Plan**
- Disability Insurance**
- Group Accidental Insurance**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_